

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579014

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	3					
6	3					
7	3					
8	-	8				
9	-	8				
10	-	8				
11	-	8				
12	-	8				
13	-	8				
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44	-	8				
45	-	8				
46	-	8				
47	-	8				
48	-	8				
49	-	3				
50	-	3				
TOTAL IND.	1		↓		↓	
TOTAL DEP.	70	←		←		←
TOTAL CLAIMS	71					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						